



IASS EMPLOYEES (excluding Daycare Employees)

Claim form for Overtime Payment & Time Off TO BE COMPLETED ONCE COMP TIME IS COMPLETED

- This form should only be used once Winter break compensatory time owed has been completed and submitted to Human Resources. **This form should be submitted within sixty (60) days of hours being completed.**
- Approval of overtime must be obtained prior to it being worked.
- When working overtime, claims must be for either time off or payment. If submitting hours for both payment and time off, **they must be on separate forms.**
 - When paid, this replaces an OER. **Replacement, governing board & CPR training hours cannot be used.**
- As per section 8-3.05 of the IASS collective agreement:
 - An employee shall receive, as compensation for overtime, a leave of a duration equal to the value of the overtime rate prescribed in clause 8-3.06, provided that there was an agreement between the employee and the board on when the employee will take the time off.
 - **The employee must take his or her compensatory leave within sixty (60) days after the overtime was performed (including if taken as payment).**
- If adding to summer vacation, only hours worked in **April, May or June** can be used & you must check "Time off".

Name of Employee: _____

Employee Number: _____

Place of Work: _____

Type of Claim (please select only one): Payment Time off

If choosing TIME OFF, please specify the exact date(s) when time off will be taken: _____
(Please note that HR will be entering these dates in the system as absences)

**Exact number of hours worked must be entered in decimal format
To convert minutes into decimal, divide by 60. (Example: 40 minutes = 40/60 = .67)**

Date (yyyy-mm-dd) (chronologically)	Reason	# Hours (decimal format)	The system will convert in time and a half (if completed electronically) <small>* check File < Options <Formulas is set to automatic calculation</small>
TOTAL:		0.00	

Date: _____

Signatures: _____
Employee
Principal/Director

GL for payment: _____ - _____ - _____ - _____

Note: Please return completed form to Sharon Lingle in Human Resources